

COVID-19 | Health Insurance Coverage & Access to Services

Frequently Asked Questions

If I have private health insurance, will I have to pay for a coronavirus test?

The Families First Coronavirus Act required that all private insurance plans cover coronavirus testing without deductibles, coinsurance, or co-pays. That bill also prohibited plans from using tools like prior authorization to limit access to testing. Insurers also have to cover fees for visits to the ER, an urgent care center, or a doctor's office associated with getting a test without cost sharing.

How much should I expect to pay for a vaccine when one becomes available?

The Affordable Care Act required that preventive services and vaccines be covered by private insurance without cost-sharing. Normally, these services and vaccines are covered starting on the first day of the plan year beginning after they get a favorable rating or recommendation from the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices. This section requires that coverage without cost sharing begin fifteen days after getting a favorable rating or recommendation.

The CARES Act ensures that the vaccine itself and its administration is free to beneficiaries with Medicare Part B and those with Medicare Advantage who receive the vaccine from an in-network provider.

Is there anything in this bill to help seniors access the medications they need while they stay at home?

Under the CARES Act, during the COVID-19 Public Health Emergency (PHE) a senior on Medicare can get up to 90 days of a prescription if that is what the doctor prescribed, as long as there are no safety concerns. Medicare drug plans will also allow beneficiaries to fill prescription early for refills up to 90 days, depending on the prescription.

How does this bill increase access to telehealth services for seniors and other Medicare beneficiaries?

The CARES Act gives the Secretary of Health and Human Services (HHS) broad authority to allow more health care providers to provide telehealth services to Medicare beneficiaries. Doctors can now provide an additional 80 services via telehealth.

Providers can also evaluate beneficiaries who have audio phones only. Additionally, individuals can use commonly available interactive apps with audio and video capabilities to visit with their clinician. Finally, clinicians can provide remote patient monitoring services for patients, no matter if it is for the COVID-19 disease or a chronic condition. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.

If you have questions about coverage of specific telehealth services, contact your health provider.

What services are available for seniors who can't leave home because of underlying conditions that would make them a higher risk COVID-19 case?

If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication (an underlying health condition) or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit. As a result, the beneficiary can receive services at home.